High Level Outcomes Framework
Impact of Alcohol Service Providers

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The Centre for Effective Services connects research, policy and practice to improve outcomes for communities, children and young people across the island of Ireland. We work to influence policy and systems change; champion innovative service design and implementation; and build knowledge, skills and capacity for government departments, organisations, researchers and practitioners. Part of a new generation of intermediary organisations, CES is a not-for-profit that helps communities, children and young people thrive.

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## High Level Outcomes Framework for Big Lottery Impact of Alcohol initiative

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<th>Outcome</th>
<th>Potential Indicators</th>
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<td><strong>Individuals</strong></td>
<td>Reduction in problematic drinking behaviour</td>
<td>Change in attitudes, Reduced levels of alcohol intake, Increased knowledge of harmful effects, Better coping/abstinence strategy, Later onset of drinking or prevention of future problems</td>
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<td>Clients have improved wellbeing</td>
<td>Improved psychological health, Improved physical health, Healthier lifestyle choices</td>
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<td>Improved social support/functioning</td>
<td>Positive peer relationships, Increased self-esteem/self-confidence, Reduced anti-social behaviour</td>
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<td>Improved family interactions, Reduced homelessness</td>
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<td>Improved capacity for families to cope with negative consequences of drinking behaviour</td>
<td>Reduced family stress, Better family interactions, Improved quality of life for the family, Better familial coping strategies</td>
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<td>Safer home environment</td>
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<td>Improved help-seeking behaviour</td>
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<td><strong>Work</strong></td>
<td>More supportive working environment for those with drinking problems</td>
<td>Increased support for the employee, Better identification of problems, Better provision of information</td>
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<td>Improved Employability</td>
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<td><strong>Services</strong></td>
<td>More effective services for people affected by drink related problems</td>
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<td>Better connectivity in service provision</td>
<td>Better connectivity between client and services, Better connectivity between services, Better connectivity between organisations and services, Professional capacity building</td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td>Increased community capacity to promote well-being</td>
<td>Improved community conditions (e.g. increased awareness of alcohol related issues), Effective community activity, Increased opportunities for people to get involved, Involvement of community in service development</td>
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Impact of Alcohol Programme

The Big Lottery has invested £11 million in Northern Ireland to address the harm caused by alcohol misuse. The Impact of Alcohol programme funds a range of projects that aim to reduce the harm to individuals, families and communities directly affected by alcohol misuse. It tackles the diverse range of issues that have resulted from alcohol misuse in Northern Ireland including physical and mental health problems, accidents and violence, debt and poverty, family issues particularly involving children and young people, and pre and post-natal harm.

Impact of Alcohol is being delivered via two strands of funding:

1. **Portfolio grants totalling £7 million**: a portfolio of projects delivered by five Northern Ireland Health and Social Care Trusts working with voluntary and community sector (VCS) organisations in their respective trust areas. The projects will run for a period of three to four years with the last project expected to be completed by the end of 2016.

2. **A small number of grants to VCS organisations totalling £4 million** to deliver projects Northern Ireland-wide. These projects will run for a period of four years with the last project expected to be completed by the end of 2017.


Brief descriptions are provided in Appendix 1 of all the projects funded under the Impact of Alcohol Initiative.
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Introduction

Alcohol can be the cause of considerable health and social burden. It is known to cause over 60 conditions and disorders and is the third leading risk factor for ill-health and premature death in the European Union after hypertension and tobacco use. Research has shown that alcohol’s negative effects are exacerbated by health inequalities and in turn alcohol can also contribute to health inequalities\(^1\). This high level outcomes framework aims to help organisations that work with those who are misusing alcohol, or at risk of misusing alcohol, and their families to understand and measure the impact of their work in relation to a range of outcomes.

Based on evidence from the research literature and mapping of the work being funded as part of the Programme, the Centre for Effective Services (CES) has identified four key outcome areas that are commonly associated with the use and impact of alcohol. These outcome areas relate to:

- Individuals who may currently be misusing or at risk of misusing alcohol
- Supportive environments such as the family and workplace
- Communities
- Providers of services.

Sample tools for measuring outcomes are also provided for illustrative purposes.

The framework is intended to help providers think through how their work contributes to better outcomes in these four areas, and to plan approaches to evaluation whether they plan to undertake the evaluation themselves or commission a team of external researchers.

It is meant to be informative rather than prescriptive. The aim is to support service providers to think through key issues when planning and undertaking an evaluation. Each will need to consider their own individual needs and priorities and what will be meaningful to measure, when the best time is to take those measurements and how to undertake evaluations which do not interfere unduly with service delivery\(^2\). Understanding and measuring impact helps services to show what they are doing, identify strengths and challenges and learn how to improve.

How we developed this framework

We began by mapping out the work of the services funded under the Impact of Alcohol Programme in terms of their aims, activities and potential outcomes. We identified the most common outcomes and linked these to the research on risk and protective factors. This linking was sense checked with the funders, Portfolio managers and service providers.

We were also informed by the European Alcohol Strategy\(^3\) (Commission of the European Communities, 2006), which identifies five priorities relevant to all Member States:

1. Protect young people, children and the unborn child
2. Reduce injuries and death from alcohol-related road accidents
3. Prevent alcohol-related harm among adults and reduce the negative impact on the workplace
4. Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption and on appropriate consumption patterns
5. Develop and maintain a common evidence base at EU level.
The Strategy proposes related actions to complement and add value to national policies, and examines the potential for shared indicators across various areas of alcohol related work. The questionnaire developed by the Commission is referred to in the final section of this framework.

The impact of alcohol misuse

Alcohol misuse negatively impacts individuals and society. It causes 2.5 million deaths throughout the world each year. It harms drinkers and those around them such as co-workers, relatives, friends and strangers, putting them all at risk of traffic accidents or violent behaviour. Alcohol is the world’s third largest risk factor for disease burden and is the second largest in Europe. Alcohol is associated with many serious social and developmental issues, such as violence, child neglect and abuse, and absenteeism in the workplace. Meanwhile, 320,000 young people aged between 15 and 29 die from alcohol-related causes across the globe, accounting for 9% of all deaths in that age group. Much of the disease burden of alcohol is a result of accidental injuries from road traffic accidents, violence and suicide.

Evidence shows that around seven out of ten adults in Northern Ireland drink alcohol with four in five adult drinkers exceeding the recommended daily limits. The 2008 Adult Drinking Patterns Survey showed that 74% of men compared to 70% of women reported that they drink alcohol. Similarly, the survey classified 43% of men as binge drinkers compared to 33% of women. The number of alcohol related deaths has risen by around 50% over the last decade with 2010 amounting to the highest number on record with 284.

The European Strategy highlights the groups who are at greater risk of alcohol misuse and from the negative effects of alcohol. These include pregnant women, younger adults, older people, and homeless people. In the Big Lottery Impact of Alcohol Programme there are services aimed at each of these client groups.

In 2010, 35% of mothers in Northern Ireland were found to have drunk alcohol during pregnancy. While this figure has fallen between 2005 and 2010, it remains significant given the negative effects such alcohol consumption can have for the baby.

Thirty-five percent of younger adults exceed the weekly guidelines for sensible drinking. This level of drinking in young people is particularly worrying as the general perception suggests the negative effects of alcohol and alcohol-related aggression are more pronounced in this group who have not learned their limits. The DHSSPS 2000 Strategy for Reducing Alcohol Related Harm identifies alcohol use by children and young people as an area of particular concern due to its connections to social problems such as teenage pregnancy and anti-social behaviour.

It has been highlighted that older people, in particular, need to set limits to their drinking. The Bamford Report documented an increase in the rate of alcohol misuse in the over 65 age group. In 2008 survey data reported that 16% of older people exceed the weekly guidelines for sensible drinking. Major life changes such as bereavement, physical ill-health, becoming a carer, loneliness, difficulty getting around, social isolation or changes in patterns such as not working, unhappiness or depression leave older people especially vulnerable to misusing alcohol.

A study which interviewed 154 homeless people found that 69% drank alcohol on a monthly or more frequent basis.
Recent research estimates that 2.6 million children in the UK are living with parents who are drinking hazardously and 705,000 are living with dependent drinkers. The prevalence of alcohol misuse in Northern Ireland negatively impacts local workplaces, with issues such as presenteeism, absenteeism, unemployment and the premature mortality of people of working age. It is estimated that presenteeism (individuals coming to work under the influence or hung-over causing them to be less productive) costs Northern Irish businesses around £77.5 million. Meanwhile, absenteeism due to alcohol related illnesses is costing businesses around £33 million. It is essential, therefore, that businesses have policies and procedures in place to detect and support employees who are dependent on alcohol.

Shared measurement
Within the Big Lottery Impact of Alcohol Programme a wide and diverse range of approaches is being used to tackle different manifestations or alcohol misuse amongst different client groups. These range from work with pregnant women or teenagers to prevent drinking behaviour through to intervention services with chronic alcoholics. The specific outcomes addressed by services will be slightly different, as will the measurement tools that are appropriate for each client group. However, in the Programme as a whole there will be some overlap between the projects and potential for shared measurement in some areas.

Often organisations working in similar areas do not have a shared approach to assessing the progress of those they help. This hinders their ability to demonstrate value, learn from each other and improve their work. Taking a shared approach to measurement means having a common understanding of what to measure and how to measure it. Shared measurement can include:

- Measurement platforms (where organisations pick and choose measures for their field and collect data using web-based tools)
- Comparative performance systems (where all organisations report using identical measures and methods to enable comparison and aggregation of data)
- Adaptive learning systems (where organisations work on different aspects of one issue, use common metrics and share their learning regularly).

Shared measurement approaches are known to have a number of key features. Organisations generally have a consensus on the shared outcomes their sector achieves, agree to measure outcomes that are meaningful to all involved, and use the same tools and methods to do so. Organisations understand how their sector works together to solve a particular problem, through mapping their impact network or theory of change. Finally, organisations using a shared approach can compare their results to those of their peers.

The projects funded under the Impact of Alcohol Programme projects could usefully consider adopting an Adaptive Learning system approach, which could help to build links between projects and goals, establish common metrics where possible and appropriate, and learn from each other on an ongoing basis.

The development of a shared approach to measurement across this Impact of Alcohol Programme could make it easier for organisations to learn from each other about developing and operating
effective services, as well as how to evaluate what they are doing. It would also help to build the ‘what works’ evidence base amongst the services.
Section 1: Misuse of alcohol

This section draws from the research literature to describe risk factors that relate to each of the main outcome areas being addressed by services in the Impact of Alcohol Programme. Potential indicators are also provided for each of the outcomes.

Outcomes for the Individual

Drinking behaviour

Changing individual attitudes is inextricably linked to changing societal level attitudes. The availability of alcohol, its role in our culture and the drinking behaviour of some groups (particularly young people) all affect attitudes, which in turn shape and are shaped by culture. For individuals to make responsible choices it is important to consider how to create social environments which discourage attitudes and behaviours which lead to risk of harm. Simultaneously to encourage societal level shifts individuals must be provided with accurate information about the effects of alcohol and services available to those experiencing alcohol related problems.

Changing attitudes may be advanced through:

- Making the ‘sensible drinking’ message easier to understand and apply
- Targeting messages at those most at risk, including binge and chronic drinkers
- Providing better information for consumers, both on products and at the point of sale
- Providing alcohol education in schools that can change attitudes and behaviour
- Providing more support and advice for employers; and
- Reviewing the code of practice for TV advertising to ensure that it does not target young drinkers or glamorise irresponsible behaviour.

Interventions aimed at changing attitudes leading to changes in behaviours have been successfully utilised in other areas such as road-safety, pro-environmental conduct and smoking. Agencies such as NICE have already expressed an interest in transferring new learning on behaviour change coming from these kinds of interventions to the alcohol misuse arena.

Outcome

Reduction in problematic drinking behaviour

Potential Indicators:

- Change in attitudes
- Reduced level of alcohol intake
- Increased knowledge of harmful effects
- Better coping/abstinence strategy
- Later onset of drinking or prevention of future problems

Better physical and emotional wellbeing

Alcohol related harm is a major public health concern in the EU, and is accountable for over 7% of all ill health and early deaths. Even moderate alcohol consumption increases the long term risk of heart conditions, liver diseases and cancers and frequent consumption of large amounts can lead to dependence. Pervasive and persistent linkages have been shown between alcohol misuse and a range of adverse psychosocial outcomes.
Any amount of alcohol can be dangerous during pregnancy. It can impair the development of the foetus and result in longer term negative outcomes during childhood and throughout the offspring’s life. The European Commission identified awareness raising interventions on this issue as of particular importance, especially considering that high risk consumption is increasing among young women in most member states.

Hazardous alcohol consumption is responsible for over 10% of female mortality and around 25% of male mortality in the 15-29 age group. Although average alcohol intake has been decreasing in many European countries, the proportion of youth and young adults with hazardous and harmful patterns of alcohol consumption has been increasing with binge drinking being a particular concern. Young people are particularly at risk of the short term effects of drunkenness, including accidents and violence.

The harmful effects of alcohol and inequalities tend to be greater in less advantaged social groups.

Overall, the Impact of Alcohol Programme aims to decrease alcohol related chronic physical disorders, to decrease alcohol-related chronic mental disorders and to provide information to consumers to make informed choices.

**Outcome**
Clients have improved physical and emotional wellbeing

**Potential Indicators:**
- Improved psychological health
- Improved physical health
- Healthier lifestyle choices

**Social functioning**
The relationship between alcohol misuse and an individual’s social support and functioning is complex and characterised by dual causality. That is, alcohol misuse can be a result of poor social functioning or support and it can also be a cause of these problems.

Children whose parents exert greater control over their free time activities tend to drink less frequently and early control has a lasting influence on alcohol use. Further, the combination of discipline and support by authoritative parents has been found to promote healthy decision-making about alcohol and other potential threats to healthy development. Meanwhile, higher rates of drinking in early adolescence leads to reduced levels of parent-controlled boundaries and limits at home. Thus, alcohol can be seen as both a cause and effect of poor social support and functioning.

Patterns of social support with regard to peer relationships also show correlation with drinking patterns; being in a school with a higher proportion of frequent drinkers is a risk factor for frequent drinking.

The correlation between alcohol misuse and social isolation is also unclear. Alcohol misuse has been suggested to be the cause rather than a consequence of social isolation among teenagers. A correlation has been found between drinking and feelings of loneliness and isolation across all
school environments. Equally, substance misuse has often been attributed to social isolation and the need for an individual to gain ‘dutch courage’. Similarly, a link has been made between smaller social networks as a consequence of heavy drinking in elderly individuals. However, social isolation is often cited as a reason for people turning to alcohol in the first place. Certainly, causality in figures which cite high alcoholism among homeless people lack causal clarity as to whether these individuals tend toward alcoholism due to social isolation or whether alcoholism led to such isolation.

**Outcome**
Improved social support/social functioning

**Potential Indicators:**
- Positive peer relationships
- Increased self-esteem/self-confidence
- Reduced anti-social behaviour

**Better living circumstances**
Alcohol misuse can affect the misuser’s living circumstances as well as those of their family. With regard to individual living circumstances up to half of rough sleepers have problems with alcohol. Alcohol is also related to increased conflict within the home and poor family interactions.

**Outcome**
Better living circumstances in the family setting

**Potential Indicators:**
- Improved family interactions
- Reduced family stress
- Reduced homelessness

**Outcomes for Family Members**
People who share a household with someone with a drinking problem have been found to have a significantly lower quality of life than people who do not. Alcohol misuse by a family member disrupts the family routine. For example, as the alcohol misuser becomes unpredictable they destabilise basic family events such as mealtimes. Alcohol misuse tends to alter the role played by family members, as other members find themselves having to take on responsibilities previously met by the individual who has developed a drinking problem. Further, special occasions such as birthdays are often interrupted when a family member has an unhealthy drinking pattern. Such occasions may be forgotten amidst the changes in routine or may be used as an opportunity by the individual to drink more freely which can increase tensions.

Communication between family members is impeded when someone in the household has developed an alcohol problem. It may result in things being said which would not have been in a sober state or may lead to breakdowns in communication as family members avoid speaking to the individual while under the influence. Finally, the family’s social life can be affected as members are reluctant to invite people to the family home or attend social gatherings partially attributable to the social embarrassment attached to the problem.
In addition, there are clear indications that alcohol use, especially binge drinking, complicates the extent and nature of domestic violence while also increasing the likelihood of re-assault and decreasing the chances that perpetrators complete treatment\(^{37}\). Marriages where there are alcohol problems are twice as likely to end in divorce\(^ {38} \).

Children are often the most severely affected by a family member’s drinking since they can do little to protect themselves from its direct and indirect consequences\(^ {39} \). Parents can become inconsistent and unpredictable, emotionally unresponsive and less interactive\(^ {40} \). Children whose parents misuse alcohol can suffer a range of poor outcomes. These will vary according to the child’s stage of development, but include behavioural and/or psychological problems, poor educational attainment, low self-esteem, offending behaviour, exposure to sexual exploitation, domestic abuse, self harm and suicidal thoughts, as well the normalisation of substance misuse\(^ {41} \). There are strong links between parental substance misuse, child protection plans, care proceedings and adoption, and being cared for by extended family\(^ {42} \). For instance, a study of families involved in care proceedings in one unitary authority found that 78% of parents misused substances (including alcohol)\(^ {43} \).

There are protective factors that have been shown to encourage resilience in situations of parental alcohol misuse. These include the presence of one stable (usually non-drinking) adult or a close bond with at least one adult carer (parent, sibling, grandparent) and a good support network beyond this\(^ {44} \). Reducing violence and conflict, continuing family cohesion and harmony in the face of the substance misuse, doing things together as a family, as well as parenting that is consistent, sensitive, warm but firm, are also protective factors\(^ {45} \). Schools also play a key role in building resilience; enjoying school, having teachers who are alert and aware of issues, engaging in a range of activities outside home and school, and having positive opportunities at times of life transition are all protective factors\(^ {46} \).

### Outcome

**Improved capacity for families to cope with negative consequences of drinking behaviour**

**Potential Indicators:**
- Reduced family stress
- Better family interactions
- Improved quality of life for the family
- Better familial coping strategies

### Outcome

**Safer home environment**

**Potential Indicators:**
- Less violence in the home
- Better parental supervision

### Help seeking behaviour

Universal empowerment of individuals means that everyone is equipped with accurate information regarding substance use. Individuals should be provided with the information they need to
understand the impact of alcohol misuse and make healthier lifestyle choices. Such an approach must be holistic and include societal developments which make the healthy choice the easy choice; including the introduction of a meaningful minimum per unit price for alcohol\textsuperscript{47}.

Empowerment of alcohol misusers and their families specifically, relates to service provision and to their general lives. Service provision encompasses increased information about available services as well as input from service users to shape how a service is conducted. Research illustrates that individuals understand their health conditions and are actively involved in decisions about their care, they are more likely to value treatment programmes and have better outcomes. When individuals develop a sense of control over their illness and recognise trigger factors and early warning of relapse, they can reduce the likelihood of crisis situations. Individual empowerment involves four dimensions:

1. Self-reliance
2. Participation in decisions
3. Dignity and Respect
4. Belonging and contributing to a wider community.

Empowerment is a means of breaking down stigma, discrimination and marginalisation. Through this individuals can gain control over their own lives which leads to increased self-esteem.

**Outcome**

Improved help seeking behaviour

**Potential Indicators:**

- Families better able to recognise problems
- Increased knowledge of the services available
- Active help-seeking behaviour
- Better engagement with services

**Outcomes in work**

**Employability**

Alcohol can impact on absenteeism as well as productivity at work. Although some studies have found connections between alcohol use and absenteeism, others have found no associations. However, drinking at the workplace and hangovers at work can be related to other negative consequences such as workplace injuries, even if they are not related to absenteeism\textsuperscript{48}. Studies have found that both drinkers and employers believe that alcohol use reduces workers' productivity in the workplace. Drinkers with hangovers are likely to do less work whilst those who drink at work are likely to achieve less and make worse decisions.

Additionally, alcohol misuse correlates negatively with an individual’s ability to secure employment. Consequently, interventions providing for the development of relevant employment skills are most appropriate. Alcohol dependence significantly reduces the probability of being in work\textsuperscript{49}. Equally, a causal relationship has been found between increased alcohol misuse as a consequence of unemployment\textsuperscript{50}. Regardless of causality, enhancing employability skills of this group may reduce alcohol misuse.
Outcomes for services

**Outcome**
More supportive working environment for those with drinking problems

**Potential Indicators:**
- Increased support for the employee
- Better identification of problems
- Better provision of information

**Outcome**
Improved employability

**Potential Indicators:**
- Development of relevant employment related skills

It is known that the presence and activity of local services (state, voluntary or private) makes a significant difference to quality of life issues in communities. Community based programmes around the world seek to involve many partners in planning, delivering and reviewing programme activities at the local level. Partly this serves to ‘make real’ the concept of multi-agency partnership, while ensuring support for the multi-dimensional ‘systems’ or ‘ecological’ approach required to deliver effective services to communities.

The most promising approaches involve collaboration between central or local government and the local delivery agents in determining how the programme should operate and how outcomes should be achieved by means of a negotiated process. Collaboration is not an end in itself. Instead collaborations can play an important role in building up the local infrastructure, including support and umbrella bodies, networks and forums, in order to develop long-term assets and endowments and enable dialogue between communities and the authorities.

Consistency is central to services being able to effectively engage and maintain positive trusting relationships with individuals. To promote engagement flexibility and non-prescriptive delivery have also been found to be effective as opposed to a ‘one size fits all’ approach. This includes flexibility regarding the location of service delivery. Building multi-agency working including efficient referral pathways is important for engaging this often hard to reach group.

There is a need for professionals to be better informed about recognising symptoms of alcohol misuse. Services may need support to be able to engage people with drinking problems.
Outcome
More effective services for people affected by drink related problems
Better identification of alcohol related issues by professionals

Potential Indicators:
- Better professional awareness of symptoms
- Better understanding of client need
- Better informed and improved planning

Outcome
Better response to identified issues

Potential Indicators:
- More appropriate referrals (e.g. more efficient/earlier/more appropriate)
- More appropriate signposting to other services
- Better information sharing

Outcome
Improved treatment provision

Potential Indicators:
- Better trained staff
- Better engagement with client

Outcome
Better connectivity in service provision

Potential Indicators:
- Better feedback/connectivity between client and services
- Better feedback/connectivity between services
- Better feedback/connectivity between organisations and services
- Professional capacity building

Community Outcomes
Community mobilisation is a method of empowering communities to reduce the impact of alcohol in their area. Its premise is that measures which tackle the environment are more effective than those which tackle the individual drinker. Community outcomes can have a range of foci and it is useful to differentiate between these:
- **Community Engagement and participation**: People having their voices heard in the planning and delivery of services.
- **Community Development**: Supports people and community groups to identify and articulate their needs, and to take practical, collective action to address them.
Community Empowerment: Supports communities to do things for themselves.

Both community engagement/participation and community development are necessary, but not sufficient, components of community empowerment and subsequent mobilisation. Other elements which will promote mobilisation are the provision of committed leadership, partnership working, capacity building and the drive to change situations in the interest of the common good. Evidence suggests that such community mobilisation can be effective. Benefits can include increased confidence and skills among local people, higher numbers of people volunteering within their communities and more satisfaction with the quality of life in the local neighbourhood. Further, co-ordinated community involvement can have significant economic and efficiency benefits for local services. Processes and structures that mobilise local people and increase participation can provide cost efficiencies when communities are stimulated and supported to take positive action to resolve local issues.

Capacity building can support these changes to be sustainable since communities may need to learn new skills and acquire new knowledge, as well as experience changes in organisational culture and liaison procedures. To be successful, this work requires active community support and engagement at different levels and in a variety of ways in policy-making and decision-making processes. Enabling partnership activity and community engagement to fulfil its potential requires appropriate resources. It also requires skilled professionals who can provide leadership as appropriate, with intimate local knowledge and strong local credibility.

Community support and engagement means:

- Involving people in decision-making about what, and how, things happen in their community
- Fostering opportunities and processes for informal learning which is directed by people according to immediate needs and interests arising from their experiences
- Working for progressive change through collective forms of action
- Tackling barriers to democratic participation and social inclusion by challenging discrimination in all its forms
- Increasing people’s power to influence the decisions that affect them, both individually and as a community
- Ensuring that services and resources are available to communities in ways that are accessible and appropriate to meeting their diverse needs and aspirations
- Building on the inherent capacity and rights of communities to take action to achieve shared goals or defend against a common threat.

Outcome indicators for evaluating effects within communities may be categorised as follows:

- **Effect on participants involved in the process:** The extent to which participants have developed skills such as confidence, social networks, specialist policy knowledge and whether they have increased their sense on internal political efficacy
- **Effect on Communities:** Whether there have been improvements in the community’s level of political efficacy, social capital and social cohesiveness
- **Effect on Decision Making:** Whether participants and communities are now able to exercise more influence on decision making and if a sustained shift in power toward the community has taken place
Overall, when evaluating consideration should be given to the initial, current and future position of the community, to understand how the organisation and social capital of the community changes over time.$^{57}$

**Outcome**  
Increased and improved community capacity to promote well-being

**Potential indicators:**
- Improved community conditions such as increased awareness and knowledge of alcohol related issues
- Effective community activity such as creating or developing active community groups
- Increased opportunities for people to get involved e.g. volunteering
- Involvement of members of the community in developing services
**Section 2: The outcomes framework**

This section presents potential shared outcomes for the Programme with sample indicators for each outcome area. It helps Portfolio Managers and service providers think through their objectives and decide what to measure.

Figure 1 below represents potential outcomes associated with alcohol misuse. The overriding aim of many of the services is to improve the individual’s quality of life. With respect to the quality of life of someone at risk of misusing or currently misusing alcohol, there are several contributing risk and protective factors and associated outcomes that are of particular interest.

Surrounding the central ‘Quality of life’ outcome are the factors as discussed in Section 1. For each of these areas a number of indicators are listed. These are examples that organisations can use to stimulate their thinking about what will be most useful to assess in their own services.

*Figure 1: Outcomes for individuals*

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<tr>
<th>Potential Indicators</th>
<th>Drinking behaviour</th>
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<td>• Change in attitudes</td>
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<td>• Reduced drinking</td>
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<td>• Increased knowledge of harmful effects</td>
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<tr>
<td>• Positive peer relationships</td>
</tr>
<tr>
<td>• Increased self-esteem/self-confidence</td>
</tr>
<tr>
<td>• Reduced anti-social behaviour</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Living circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reduced homelessness</td>
</tr>
<tr>
<td>• Reduced family stress</td>
</tr>
<tr>
<td>• Improved family interactions</td>
</tr>
</tbody>
</table>

Figure 2 outlines potential outcomes for family members. These can include the family’s capacity to cope with an individual’s alcohol misuse, impact on the home environment, and family’s ability to source and avail of appropriate support.
Section 2: The outcomes framework

Figure 2: Outcomes for family members

- Coping Capacity
- Home & Family Wellbeing
- Help-seeking Behaviour
- Safer Home Environment

Potential Indicators

**Coping capacity:**
- Reduced family stress
- Better family interactions
- Improved quality of life for the family
- Better familial coping strategies

**Safer home environment:**
- Less violence in the home
- Better parental supervision

**Help-seeking behaviour:**
- Families better able to recognise problems
- Increased knowledge of the services available
- Active help-seeking behaviour
- Better engagement with services

Figure 3 details changes which may occur relating to work and working environments. These include changes in an individual’s employment capacity as well as in the working environment to make it more supportive and responsive to someone with alcohol misuse issues.

Figure 3: Outcomes in work

- Skills for Employment
- More Supportive Working Environments
- Provision of Information
- Better Working Lives

Potential Indicators

**Skills for Employment:**
- Development of relevant employment related skills

**More supportive work places:**
- Increased support for the employee

**Better identification of problems:**
- Earlier and more accurate identification of problems

**Provision of information:**
- Better provision of information

Figure 4 details changes which may happen in services including changes in professionals’ knowledge and behaviour, assessment, referral patterns and interventions offered. Changes may also occur in the connectivity and communication between services.

Figure 5 details changes which may happen in the community including changes in attitudes as well as community involvement in activities.
Section 2: The outcomes framework

Figure 4: Outcomes for services

Potential Indicators

**Improved identification:**
- Better professional awareness of symptoms
- Better understanding of client need

**Better professional responses to problems:**
- More appropriate referrals (e.g. more efficient/earlier/more appropriate)
- More appropriate signposting to other services
- Better information sharing

**Improved treatment provision:**
- Better trained staff
- Better engagement with client

**Better connectivity in service provision:**
- Better feedback/connectivity between client and services
- Better feedback/connectivity between services
- Better feedback/connectivity between organisations and services

Figure 5: Outcomes for communities

Potential Indicators

**Improved community conditions:**
- Change in attitudes towards alcohol misuse by children and adults in the community
- Increased community awareness of alcohol related issues

**Effective community activity:**
- Creation or development of active community groups
- Good partnership working
- Mutual aid
- Autonomous services

**Opportunities for involvement:**
- More opportunities for community members to be actively involved in activities such as volunteering
In the last section of this resource, some sample measures are provided for illustration. As noted above, this framework has been developed to help providers think through how their work contributes to better outcomes, and to plan approaches to evaluation whether they plan to undertake the evaluation themselves or commission a team of external researchers. It is meant to be informative rather than prescriptive. The aim is to support service providers to think through key issues when planning and undertaking an evaluation. Each will need to consider their own individual needs and priorities and what will be meaningful to measure, when the best time is to take those measurements and how to undertake evaluations which do not interfere unduly with service delivery. Understanding and measuring impact helps services to show what they are doing, identify strengths and challenges and learn how to improve.
Section 3: Sample tools for measuring outcomes

This section features some sample tools which measure different aspects of alcohol misuse and associated outcomes. Services will need to select tools which are robust, easy to administer within their practice settings and which are sensitive to measure changes in outcomes at the time they are used. These may include a mixture of qualitative and quantitative approaches so that the evaluation questions of most interest to the service can be answered. Services working with external evaluation teams should be guided by their methodological expertise in selecting appropriate measures.

Inspiring Impact has an online marketplace of tools which provides services with a useful a resource to source additional measurement tools: http://inspiringimpact.org/

The Outcomes Star™ for Alcohol Recovery

Triangle’s Outcomes Star is a well known shared measurement system. The paper version of the tool is available for organisations to download and try for free. Training is required to use the Star. It was based on the Alcohol Outcomes Spider, which was developed in 2004 by Sara Burns for Alcohol Concern through an extensive consultation process with 40 alcohol misuse services in England. The tool covers 10 different outcome areas.

Outcome areas:
1. Alcohol
2. Use of time
3. Social networks
4. Physical health
5. Emotional health
6. Drugs
7. Offending
8. Accommodation
9. Money
10. Family and relationships.

The underlying model of change is based on the Cycle of Change, but using more client-friendly and accessible language from the core Outcomes Star™ journey:

<table>
<thead>
<tr>
<th>Cycle of change</th>
<th>Outcomes Star Journey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-contemplation</td>
<td>Stuck</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Accepting help</td>
</tr>
<tr>
<td>Decision</td>
<td>Believing</td>
</tr>
<tr>
<td>Action</td>
<td>Learning</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Self-reliance</td>
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</table>

More information is available at http://www.outcomesstar.org.uk/drugs-star/
SMART Project – Standardizing Measurement of Alcohol Related Troubles

In its 2007 work plan, the European Commission called for the development of standardised comparative surveys on heavy drinking, binge-drinking (episodic heavy drinking), drunkenness, context of drinking, alcohol dependence and unrecorded consumption, and for the development of a standardised methodology of cost-benefit analyses of alcohol policies to evaluate the economic impact of existing alcohol policies in the European Union.

The Standardizing Measurement of Alcohol related Troubles (SMART) project was developed to produce a European standardised measure that could be used across different countries. The SMART project was completed in October 2010. One of the objectives was ‘to develop standardized comparative survey methodologies on heavy drinking, binge drinking (episodic heavy drinking), drunkenness, context of drinking, alcohol dependence and unrecorded consumption’.

The methodology was tested in 10 countries with differentiated socio-cultural backgrounds and patterns of alcohol consumption (Italy, Spain, Finland, Ireland, Poland, Estonia, Hungary, Czech Republic, Germany, UK). The final product of the project is a "Guidance document of standardized methodology for undertaking alcohol surveys" including model questionnaire, with core and optional questions to be used not only for specific alcohol studies but also as a component of surveys focused on other topics such as drug use, health issues or public order problems. This document among other project documents is available on the website www.alcsmart.ipin.edu.pl. The model questionnaire can be accessed at: http://www.alcsmart.ipin.edu.pl/files/questionnaire_final.pdf.

Questionnaires to measure levels of alcohol intake and patterns of drinking

In 2013, Bloomfield et al. reviewed alcohol use questionnaires being used throughout Europe and this paper provides a good overview of the measures that are currently available. They made the following recommendations:

- The beverage-specific quantity– frequency measure is recommended for use across countries.
- A reference period of one year for alcohol consumption is considered important if one is to link associated problems with alcohol intake.
- With regard to risky drinking, objective measures based on the quantity of approximately 60–70 g of ethanol per drinking occasion are preferable to subjective measures of drunkenness.
- In choosing an instrument for measuring abuse and dependence, the key issue is to decide whether the instrument is to serve as a screening or diagnostic tool.
- In the case of screening, the Alcohol Use Disorders Identification Test or the Rapid Alcohol Problem Screen-4 appears more appropriate (more details on these two tests is given below).
- If the purpose is to approximate a diagnostic category, then the Composite International Diagnostic Interview or another operationalization of ICD-10/ DSM-IV criteria would be the better choice.
- Due to a lack of validated scales for social consequences and third-party harm, no recommendations are justified.

The Alcohol Use Disorders Identification Test (AUDIT) is a simple ten-question test developed by the World Health Organization to determine if a person's alcohol consumption may be harmful. The test was designed to be used internationally, and was validated in a study using patients from six countries. Questions 1–3 deal with alcohol consumption, 4–6 relate to alcohol dependence and 7–10
consider alcohol-related problems. A score of 8 or more in men (7 in women) indicates a strong likelihood of hazardous or harmful alcohol consumption. A score of 20 or more is suggestive of alcohol dependence (although some authors quote scores of more than 13 in women and 15 in men as indicating likely dependence). Guidelines for use in practice can be accessed from http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf.

The RAPS4 alcohol screening test is a four-question quiz designed for busy clinical healthcare offices that has been shown to be effective in detecting alcohol dependence in the past 12 months. The RAPS4 gets its name from the questions it poses to the patient which pertain to remorse (R), amnesia (A), performance (P), and starter drinking behaviour (S). Each question pertains to the patient's behaviours in the past year. The RAPS4 Questions are:
1. Have you had a feeling of guilt or remorse after drinking?
2. Has a friend or a family member ever told you about things you said or did while you were drinking that you could not remember?
3. Have you failed to do what was normally expected of you because of drinking?
4. Do you sometimes take a drink when you first get up in the morning?

A "yes" answer to at least one of the four questions suggests that your drinking is harmful to your health and well-being and may adversely affect your work and those around you. If you answered "no" to all four questions, your drinking pattern is considered safe for most people and your results do not suggest that alcohol is harming your health.

**Coordinated Action Against Domestic Abuse (CAADA)**
CAADA is an outcomes measurement service designed specifically for the domestic abuse sector. It evidences the outcomes that domestic abuse services have on victim safety, enabling services and commissioners to make a stronger case for funding. CAADA promotes a multi-agency response to domestic abuse supporting organisations and professionals working with domestic abuse victims. They developed a shared monitoring tool for specialist domestic abuse services. Called *Insights*, the tool enables organisations to collect consistent, comparable and reliable information on the people they work with.

The service works through a simple paper-based system of data collection. The practitioner is asked to complete an 'Intake Form', an 'Exit Form' and a 'Criminal and Civil Justice Form' for each of their clients. These forms are one A4 (double-sided) page each and consist of tick boxes only. They contain questions which a practitioner would normally ask clients in their day to day work. This means that they are quick and easy to fill out. CAADA provides frontline practitioners with practical tools for collecting service user information. The data is then analysed by CAADA's research and evaluation team. Outcomes are presented back to services and commissioners through regular reports.


**CORE (Clinical Outcomes in Routine Evaluation) System**
The CORE (Clinical Outcomes in Routine Evaluation) system comprises a range of evaluation measures for psychological therapy services. The CORE system comprises three components which
Section 3: Sample tools for measuring outcomes

act as the standardised ‘hub’ which can be complemented by either methodological or
domain/population/diagnostic-specific ‘spokes.’

- The CORE Administration checklist helps to co-ordinate the day-to-day administration of the
CORE system and also collected information on data representativeness and associated
problems.

- The CORE Assessment and End of therapy forms – these are completed for every client by
every practitioner. The forms collect data on routine audit items (e.g. waiting times,
appropriateness of referral, non-attendance rates), presenting and emerging
problems/concerns, therapy descriptors and other information which will enhance
assessment, therapy planning and discharge,

- The CORE Outcome Measure has been designed to be suitable for use across a wide variety of
service types; the measure taps into a core components of clients’ distress, including
subjective well-being, commonly experienced problems or symptoms, and life/social
functioning. In addition, items on risk to self and to others are included. The CORE Outcome
Measure addresses global distress and is therefore suitable for use as an initial screening tool
and outcome measure; like most self report measures, it cannot be used to gain a diagnosis of
a specific disorder. The mean of all 34 items can be used as a global index of distress, the main
design intention. However, mean item scores for the dimensions of well-being,
problems/symptoms, life functioning, and risk can also be used separately where that
distinction may be desired. The risk items should not be regarded as a scale but as clinical flags
and some services may wish to use them to trigger more discussion of risk at assessment. The
measure is brief (2 sided) and user friendly and it has been reported as measuring patient
aspects identified by practitioners as routine assessment domains. It can be practitioner-
scored, and practitioners utilising the measure are able to compare individual scores with
supplied normative data for clinical and non-clinical populations allowing clinically significant
change to be determined.

More information is available on http://www.coreims.co.uk/.
## Appendices

### Appendix 1: Impact of alcohol portfolio strand project summaries

<table>
<thead>
<tr>
<th>Portfolio name</th>
<th>Portfolio summary</th>
<th>Funding priority/Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Belfast Health &amp; Social Care Trust</strong></td>
<td></td>
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</tr>
<tr>
<td>Impacting on Alcohol Addictions in the Community</td>
<td>The portfolio is designed to fill identified gaps in existing service provision and will target alcohol misuse through awareness raising, outreach and support.</td>
<td>Children; families; older people; people who have mental ill health. Young people aged 16-26; older people (over 55); families and hard to reach individuals.</td>
</tr>
<tr>
<td><strong>Third Party Projects</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Alcohol Intervention Service (ASCERT)</td>
<td>To establish a range of interventions for individuals at an earlier stage of drinking, specifically targeting those that are hard to reach and reluctant to engage with existing services.</td>
<td>Individuals and families in deprived areas and at higher risk of harm, e.g. in the care system; mental health/crisis/suicidal; ante-natal women; homeless; offenders and addressing hidden harm.</td>
</tr>
<tr>
<td>(2) SAFE-T-NET Youth Stress Centre and Assertive Outreach (Forum for Action on Substance Abuse)</td>
<td>To establish a drop-in centre, providing intensive support and assertive outreach programme for young people and their families.</td>
<td>Young people with hazardous/harmful drinking and their families in communities with multiple risk factors and who are not known to social services or mental health services.</td>
</tr>
<tr>
<td>(3) Daisy - Crisis Intervention Service (Start 360)</td>
<td>To develop the existing ‘Drug and Alcohol Intervention and Support for Young People’ service which provides a crisis response service to young people and their families affected by alcohol misuse and mental health issues.</td>
<td>Young people 12-21 years and their families.</td>
</tr>
<tr>
<td>(4) Older Focus - Addressing the Hidden Problem (Addiction NI)</td>
<td>To raise awareness of alcohol misuse among over-55s and to provide age-specific support services for their families.</td>
<td>Older people.</td>
</tr>
<tr>
<td>Portfolio name</td>
<td>Portfolio summary</td>
<td>Funding priority/Beneficiaries</td>
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<tr>
<td><strong>Northern Health &amp; Social Care Trust</strong></td>
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<tr>
<td><strong>Portfolio name</strong></td>
<td><strong>Portfolio summary</strong></td>
<td><strong>Funding priority/Beneficiaries</strong></td>
</tr>
<tr>
<td>Taking the Initiative to Reduce the Impact of Alcohol Misuse</td>
<td>The portfolio is designed to fill identified gaps in existing service provision and will target alcohol misuse using education as a means of early intervention, partnership working and programmes supporting families and individuals.</td>
<td>Children; families; older people; people who have mental ill health. Young people; older people (over 55); families; children; mental health issues including risk of suicide.</td>
</tr>
<tr>
<td>Third Party Projects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Believe in Youth (NI Youth Forum/Dunlewey Substance Advice Centre)</td>
<td>To impact on young people's alcohol consumption, health and well-being by implementing an early intervention strategy.</td>
<td>11-16 year-olds and their families.</td>
</tr>
<tr>
<td>(2) Healthy Body, Healthy Mind (Contact NI/ Action Mental Health)</td>
<td>To work with people who have dual mental health and alcohol problems.</td>
<td>People with dual diagnosis; will including targeting people at risk of suicide and will focus on urban areas of deprivation.</td>
</tr>
<tr>
<td>(3) Relationships and Alcohol Misuse (Relate/ Citizen Advice Bureaux)</td>
<td>To address the impact of alcohol misuse on family relationships.</td>
<td>Children and other family members.</td>
</tr>
<tr>
<td>(4) Older Focus - Northern Area (Addiction NI/ Coleraine Rural and Urban Network)</td>
<td>To impact on older people's drinking and family breakdowns.</td>
<td>Older people; families.</td>
</tr>
</tbody>
</table>
South Eastern Health & Social Care Trust

<table>
<thead>
<tr>
<th>Portfolio name</th>
<th>Portfolio summary</th>
<th>Funding priority/Beneficiaries</th>
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<tbody>
<tr>
<td>The Integrated Alcohol Programme</td>
<td>The portfolio is designed to fill identified gaps in existing service provision and will target alcohol misuse through an integrated programme involving education, information/advice, and support.</td>
<td>Children; families; older people; younger people. Vulnerable groups such as LGBT and ethnic minorities; families and individuals, particularly adults.</td>
</tr>
</tbody>
</table>

**Third Party Projects**

<table>
<thead>
<tr>
<th>(1) Family Intervention Project (ASCERT)</th>
<th>To provide direct intervention with family members of misusers.</th>
<th>Families members of all ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2) Extended Brief Intervention Project (Addiction NI)</td>
<td>To provide assessment of those misusing alcohol and work towards lower-risk drinking or abstinence.</td>
<td>Individuals; families; vulnerable groups e.g., disabilities, severe health problems, social and geographical isolation.</td>
</tr>
<tr>
<td>(3) Alcohol Information/Education Project (FASA : Forum for Action on Substance Abuse)</td>
<td>To provide creative and accessible means for people to examine their alcohol use and have access to self help.</td>
<td>Individuals, specifically targeting vulnerable groups such mental health, LGBT and disabilities.</td>
</tr>
<tr>
<td>(4) Drop in Project (ASCERT)</td>
<td>To provide clinics to engage with those who misuse alcohol.</td>
<td>At risk groups such as LGBT, women, rural networks and disability groups.</td>
</tr>
<tr>
<td>Portfolio name</td>
<td>Portfolio summary</td>
<td>Funding priority/Beneficiaries</td>
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</tr>
<tr>
<td>Western Regional Alcohol Prevention Programme</td>
<td>The portfolio is designed to fill identified gaps in existing service provision and will target alcohol misuse through education and prevention, including early intervention.</td>
<td>Families; older people; substance misusers; young people. Chronic drinkers, including those with Acquired Brain Injury; families/friends; older people; young people; mental ill health; families in the rural community.</td>
</tr>
<tr>
<td><strong>Third Party Projects</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) The Catalyst Project (ARC Healthy Living Centre Ltd (Solace))</td>
<td>To work with chronic drinkers and family and friends on awareness, advice and support.</td>
<td>Chronic drinkers, family and friends.</td>
</tr>
<tr>
<td>(2) Community Mobilisation on Alcohol in Fermanagh (Derry Healthy Cities) and Limavady and Omagh Areas</td>
<td>To work with individuals, as well as drinking establishments and off-licences.</td>
<td>Individuals.</td>
</tr>
<tr>
<td>(3) Alcohol Support Project (Action Mental Health)</td>
<td>To work with older drinkers aged 40-60.</td>
<td>Older drinkers aged 40-60.</td>
</tr>
<tr>
<td>(4) Alcohol Outreach - Foyle New Horizons (Action Mental health - Foyle New Horizons)</td>
<td>To work with men and women with dual diagnosis.</td>
<td>Individuals with dual diagnosis.</td>
</tr>
<tr>
<td>(5) The Fasten Programme (Dove House Community Trust/North West Counselling)</td>
<td>To work with individuals with alcohol problems and their families.</td>
<td>Individuals; families and children affected.</td>
</tr>
<tr>
<td>(6) Supporting Families Supporting Communities Project (Action for Children)</td>
<td>To raise awareness on impact of alcohol.</td>
<td>Individuals, children, adults, teachers, people with disabilities.</td>
</tr>
<tr>
<td>(7) Korsakoff’s Amnesic Syndrome Project (WHSCT/Apex Housing)</td>
<td>To work with individuals with Acquired Brain Injury attributable to alcohol misuse.</td>
<td>Individuals suffering from Acquired Brain Injury; families and friends.</td>
</tr>
</tbody>
</table>
### Southern Health & Social Care Trust

<table>
<thead>
<tr>
<th>Portfolio name</th>
<th>Portfolio summary</th>
<th>Funding priority/Beneficiaries</th>
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</thead>
<tbody>
<tr>
<td>Southern Area Alcohol Portfolio</td>
<td>The portfolio is designed to fill identified gaps in existing service provision and will target alcohol misuse through direction intervention, education and prevention, including early intervention.</td>
<td>Families; Travellers; Substance misusers; Young people. Individuals and families affected by alcohol misuse, women affected by domestic violence as a result of alcohol misuse, older people and young people aged 12-18, chronic drinkers.</td>
</tr>
</tbody>
</table>

#### Third Party Projects

<p>| (1) Alcohol and Domestic Violence Intervention Service (Newry Women's Aid) | To work with women and children/family members affected by alcohol related domestic violence.                                                                                                                                   | Women; children; other family members.                                                                                   |
| (2) Alcohol Counselling/Mentoring Service for People aged 18+ years old (Dunlewey Substance Advice Centre) | To work with adults who either misuse alcohol or are considered at risk of misusing it from evidence presented.                                                                                                                     | Adults.                                                                                                                  |
| (3) Alcohol Liaison Midwifery service (SHSCT Midwifery Service) | To work with pregnant women using the Trust’s midwifery service.                                                                                                                                                                     | Pregnant women.                                                                                                          |
| (4) Chronic Alcohol Users Service (DePaul Ireland) | To work with chronic drinkers and their families.                                                                                                                                                                                      | Individuals; families.                                                                                                  |
| (5) Family Support Alcohol Counselling Service (Relate NI) | To work with families affected by alcohol misuse and provide awareness training for young people.                                                                                                                                 | Families; young people.                                                                                                |
| (6) General Hospital Addiction Liaison Service (SHSCT) | To work with individuals who are presenting with symptoms indicating alcohol misuse.                                                                                                                                                  | Individuals.                                                                                                            |
| (7) Older People and Alcohol Services (Addiction NI) | To work with older people and their families.                                                                                                                                                                                         | Older people; families.                                                                                                 |
| (8) Outreach and Detached Youth Support Service (Breakthru &amp; Dungannon Development Association) | To work with young people who are detached from the existing statutory youth provision and are either misusing alcohol or at risk of misusing.                                                                                     | 8-25 year olds.                                                                                                         |</p>
<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Project Name</th>
<th>Area</th>
<th>Project Description</th>
<th>Project Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action on Substances through Community Education and Related Training</td>
<td>Steps To Cope Project</td>
<td>WHSCT, NHSCT, SHSCT, SEHSCT, BHSCT</td>
<td>ASCERT is using the grant to support young people across Northern Ireland, who are affected by Parental Alcohol Misuse, using the Steps to Cope intervention. The project will raise awareness of young people affected by Parental Alcohol Misuse and will distribute relevant material/information to schools and colleges. A website, Facebook and mobile apps will also be developed. Volunteering opportunities will be provided for young people to join groups in each of the Trust areas which will work to develop peer leadership and undertake an activity which supports the project.</td>
<td>Young People will be more able to deal with the impact parental alcohol misuse has on their lives. Young people will be more resilient and be better protected from harm from parental alcohol misuse. Relevant organisations and practitioners will be more competent and effective in addressing the needs of young people living with parental alcohol misuse.</td>
</tr>
<tr>
<td>First Housing Aid &amp; Support Services</td>
<td>Way 2 Go</td>
<td>BHSCT, SHSCT &amp; WHSCT</td>
<td>First Housing Aid and Support Services is using the four-year grant to extend and enhance existing services for people who have alcohol related problems and who are homeless or who are at risk of becoming homeless. A range of support services will include a street outreach service; hourly patrols during peak hours on a Friday and Saturday nights, helping people who are intoxicated and sleeping rough. A Rapid Response Service will also be made available so members of the public or business owners can call a dedicated telephone number if they find a person sleeping rough or intoxicated.</td>
<td>Those who access the project will have improved knowledge and understanding about the impacts of alcohol and the risks associated with excessive alcohol consumption. Reduction in the number of individuals who are homeless and/or sleeping rough, or at risk of becoming homeless and/or sleeping rough, because of alcohol related issues. Young people who are homeless and/or sleeping rough or who have a history of homelessness.</td>
</tr>
<tr>
<td>Applicant Name</td>
<td>Project Name</td>
<td>Area</td>
<td>Project Description</td>
<td>Project Outcomes</td>
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</tr>
<tr>
<td>Northern Ireland Community Addiction Service Ltd</td>
<td>Reducing Alcohol Related Harm in Workplaces, Communities and Families</td>
<td>BHSCT, NHSCT, SHSCT, SEHSCT &amp; WHSCT</td>
<td>Befriending services are providing support mechanisms to help individuals stay sober. and/or sleeping rough because of alcohol related issues, will be provided with opportunities to access training and information. Addiction NI is using the grant to ensure people and employers are aware of alcohol related harm and have access to information and support services. The project is being delivered in partnership with the Forum for Action on Substance Abuse, Business in the Community and the Social Research Centre. Employers will identify and reach employees who misuse alcohol and will allow reasonable time off for staff to attend counselling sessions. A selection of organisations have already expressed an interested in taking part in the project. Employers and pre-employment scheme providers will be better equipped to proactively address alcohol related harm with employees and trainees and create the workplace as a central venue for the promotion of positive health and wellbeing. More individuals, families and communities will have access to early intervention, prevention and harm reduction alcohol and health programmes as a direct result of the project. People in current and future workforces will be more aware of the impact of alcohol on mental and physical health and wellbeing and have access to information and support services. Families who are affected by alcohol misuse, including children experiencing hidden harm, will be better equipped to address the impact of alcohol on their mental and physical wellbeing.</td>
<td></td>
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<tr>
<td>Applicant Name</td>
<td>Project Name</td>
<td>Area</td>
<td>Project Description</td>
<td>Project Outcomes</td>
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<tr>
<td>Start 360</td>
<td>AD:EPT (2) - Throughcare support for prisoners with alcohol related problems</td>
<td>BHSCT, SHSCT, SEHSC, WHSCT &amp; NHSCT</td>
<td>Start 360 is using the grant to provide support and services to prisoners with alcohol related problems who are about to released. The project will provide a safer, happier and healthier life for them, their families and the wider community. Support will include one-to-one therapeutic services to the prisoners and family members. An assigned case worker is working with the prisoner to support them to reduce or abstain from alcohol use on release from prison and together with the prisoner they will devise an action/care plan for the short, medium and long term.</td>
<td>Prisoners who have problems with alcohol and associated problems will be supported to abstain from or control their alcohol use. The prisoner will be the main author of a care plan which will set their goals for the short, medium and long term. The community in which the prisoner returns to and our wider society will be safer, happier and healthier as a result of a reduction in alcohol related crime. The families of prisoners leaving prison with alcohol problems will be supported pre/post release ensuring they have a positive experience of the re-unification and together can lead a safe, happy and healthy life without the negative impact of alcohol and related offending.</td>
</tr>
</tbody>
</table>
References


2 Ibid


5 Ibid


10 Ibid


13 Ibid


15 Public Health Agency and Belfast Strategic Partnership. (2011). *Substance Misuse among People Over 55, Perspectives from the Community and Voluntary Sector, 2011*. Accessed from
http://www.publichealth.hscni.net/sites/default/files/GEMSNI_SubMisInTheOlderPopInBelfast_May2011.pdf on 19-02-2014


23 Ibid


25 Ibid


29 Ibid


31 Ibid

32 Ibid
34 Ibid
43 Ibid
49 Bauld et al. (2010). *Alcohol misusers’ experiences of employment and the benefit system*. accessed from:

50 Ibid


53 Ibid


59 Ibid